



ADU PERMIT APPLICATION

ALL APPLICABLE INFORMATION **MUST** BE COMPLETED IN
ORDER FOR THE APPLICATION TO BE ACCEPTED
City of Sedona

104 Roadrunner Drive Sedona, AZ 86336
(928) 282-1154 or Fax (928) 204-7124

Permit # _____
Deposit \$ _____
Date Rec'd _____ By _____
Use Code _____
Census Code _____

PROPERTY INFORMATION

Permit Type _____

Approximate Cost _____

Assessor Parcel No. _____

Property Address _____

Lot No. _____

Subdivision _____

Zoning: _____

Connected to City Sewer ☐

Alternate/Septic System ☐

PROPERTY OWNER INFORMATION

Property Owner _____

Mailing Address _____

City _____

State _____

Zip _____

Phone No. _____

Fax No. _____

Cell No. _____

PRIMARY RESIDENTIAL SQUARE FOOTAGE

Primary Residential sq ft: _____

Garage: _____

Deck: _____

Covered Patio: _____

Shed: _____

Unfinished Basement: _____

CONTRACTOR

Contractor _____

Address _____

City _____

State _____

Zip _____

Phone No. _____

License No. _____

Fax No. _____

Tax Identification No. _____

Cell No. _____

ARCHITECT/DESIGNER/AGENT

Architect / Designer/Agent _____

Address _____

City _____

State _____

Zip _____

Phone No. _____

Fax No. _____

ADU INFORMATION

☐ New Unit

☐ Existing Unit

☐ Attached

☐ Detached

☐ Within Existing

ADU total sq ft: _____

Deck sq ft: _____

Covered Patio sq ft: _____

Number of bedrooms: _____

PRINT NAME _____

APPLICANT SIGNATURE _____
Owner/Agent/Contractor/Architect/Designer (**Please Circle One**)

DATE _____

NOTE: Subdivision Approval: Deed restrictions may require that each owner obtain approval prior to beginning construction. It is the responsibility of the property owner to contact their subdivision's homeowner association in order to comply with regulations.